of how technologies are chosen is essential. The decision criteria and its weights should represent the management's as well as the potential user's perspective of the technology. **METHODS:** To identify relevant criteria in terms of technology acquisition, a literature review was carried out. As a second step 221 HTA-experts were confronted with the ten most frequent criteria, with the task to evaluate their importance and to supplement them. To evaluate the individual weight of each criterion a survey was conducted, including three relevant user groups within the sector of radiooncology. For each of the 115 recipients and an overall preference profile was calculated using an AHP-model. The influence of factors such as job, leadership, sex, user, size of hospital and typ of hospital were also analyzed using an analysis of variance. **RESULTS:** As result of step one and two the following seven criteria were identified: effectiveness, the need for treatment, patient preferences, usability, cost-effectiveness, organizational impact, budget impact. The overall AHP-model identified the organizational impact (16.9%) as the most relevant criterion, followed by the budget impact (15.7%). The variance analysis showed that all factors, except the size of the hospital influence certain criteria of the preference profile in a significant way. **CONCLUSIONS:** Surprisingly, the organizational impact is the most important criterion directly followed by the budget impact. The organizational impact is today often underestimated. Therefore, organizational barriers exist and can delay or hinder innovation. To determine essential characteristics of a new technology and to lower barriers regarding its acceptance, the preferences of each group should be evaluated and integrated in decisions.

PHP88

EVIDENCE USED DURING PHARMACEUTICAL TECHNOLOGY ASSESSMENT

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OBJECTIVES: The purpose of this study is to better understand the types of evidence considered and how evidence is used by health care payers and payer intermediary organizations to evaluate prescription drugs and biologics for possible formulary inclusion. **METHODS:** We conducted semi-structured one-hour telephone interviews with key decision makers at payers and payer intermediary organizations. Respondents included medical and pharmacy directors who actively participate in pharmaceutical technology assessment (PTA). Participants were asked to describe their PTA process and to rate the importance of the sources and types of evidence they review. **RESULTS:** Pharmacy and medical directors from 15 national and regional health plans, prescription drug plans, and pharmacy benefit managers rated information used for PTA on a scale of 1 (not important) to 5 (very important). While preliminary results indicate that respondents rated peer-reviewed studies as the most important source of information (mean = 4.7), technology assessments such as comparative effectiveness studies (e.g., from AHRQ or Hayes) and internal (health plan) data on utilization were rated almost as highly (4.2 and 4.1, respectively). Medical directors gave comparative effectiveness studies higher ratings than did pharmacy directors (4.7 vs. 3.8; $p < 0.001$). Among types of evidence, randomized control trials (RCTs) were rated the highest (mean = 4.6); budget impact analyses (mean = 3.1) and pharmacoeconomic studies (mean = 2.9) had substantially lower rating, although both of these received higher ratings from pharmacy vs. medical directors. There was little variation in ratings by payer type. **CONCLUSIONS:** While it is not surprising that key decision makers highly value RCTs from peer-review literature, other sources of information were rated as having essentially the same importance. Medical and pharmacy directors have significant differences in the importance assigned to certain information. Additional data will help to explore variations in perceived value of information among different types of PTA staff and potentially differences across payer types.

PHP89

THE INFLUENCE OF SAFETY ISSUES ON DECISIONS OF CONSULTATIVE COUNCIL OF THE AGENCY FOR HEALTH TECHNOLOGY ASSESSMENT IN POLAND

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OBJECTIVES: Consultative Council (CC) is an independent body playing a central role in decision making of Polish Heath Technology Assessment Agency (AHTAPol). We were interested in how much safety issues of the appraised technologies concern members of CC and what is the influence of safety issues on CC's decisions. **METHODS:** We analyzed decisions of CC published until the end of 2009 and distinguish those where safety issues were significant arguments for decline. We indentify the type of key documents quotabled in the decisions in order confront them with documents included in manufacturer's HTA reports. **RESULTS:** Among 148 CC's decisions analyzed, 70 were negative and in 22 safety issues were significant arguments against the positive recommendation (31% of all negative decisions). Apart of the manufacturer's HTA reports, CC based mainly on EMEA or national Summary Of Product Characteristics (91%), FDA reports and Cochrane reviews (23% each), RCT not included in the submission (17%) and non-systematic reviews (13%). Manufacturer's HTA reports on safety included mainly III phase RCTs (77%), II phase RCTs (36%), observational studies (27%), systematic (non-Cochrane) or non-systematic reviews (9%). Seldom, if ever, submitted reports mentioned FDA or EMEA reports and patient registries (5%). **CONCLUSIONS:** Safety issues were important argument in negative opinions of CC. Unlike efficacy, safety analysis comprise evidence other than III phase RCTs. Manufacturer's HTA reports did not cover many documents significant to CC regarding safety. A wider safety analysis according to the ATHAPol's guidelines 2009 would be required.

HEALTH CARE USE & POLICY STUDIES – Patient Registries & Post-Marketing Studies

PHP90

A DESCRIPTIVE STUDY OF PATIENTS ON FDA-CATEGORIZED INNOVATIVE DRUGS IN ANTICHOLESTEROL AND ANTIDIABETIC THERAPEUTIC CLASSES

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OBJECTIVES: Drugs receive priority (P) or standard (S) review based on FDA's perceptions that the drug offers significant benefit over existing options. The study will describe patient characteristics associated with drugs that got P and S approval. **METHODS:** This pilot study employed a retrospective cohort design using MEPS data (full year consolidated, prescription medicine, and medical condition files) from 2004–2007. Subjects were identified from the prescription medicine files if they received P drugs (atorvastatin, pioglitazone, rosiglitazone, repaglinide) or S drugs (simvastatin, pravastatin, rosuvastatin, glimepiride, exenatide, sitagliptin). All other drugs that were received by these subjects and approved 1990 onwards were coded for their approval status from the FDA website. Subjects in the S group receiving any P drug or who received the aforementioned drugs from both groups were excluded. Variables at the year subjects entered the MEPS were analyzed. **RESULTS:** A total of 5835 patients—3810 patients on one or more P drugs and 2025 on S drugs—were identified. There was no significant difference of age of the patients in these groups. Patients' race and gender (Asian vs. White OR = 1.556; female vs. male OR = 1.367) was associated ($p < 0.05$) with odds of receiving priority drugs. Patients receiving P drugs had significantly ($p < 0.05$) higher number of comorbidities compared to those in the S group. Respiratory diseases, endocrine disorders, tumor, hypertension, and number of comorbidities were significant ($p < 0.05$) predictors of receiving P drugs. Patients in the P group reported significantly ($p < 0.05$) poorer health status. However, when adjusted with propensity score such difference was not associated with the drug categories. **CONCLUSIONS:** Patient demographics was associated with receiving antidiabetic and anticholesterol therapeutic classes of drugs that received priority review. After controlling for comorbidities, number of comorbidities was positively associated with likelihood of receiving P drugs. When adjusted for covariates, such categorization was not associated with self-reported health status.

HEALTH CARE USE & POLICY STUDIES – Prescribing Behavior & Treatment Guidelines

PHP91

DRUGS PRESCRIBING INDICATORS IN SECOND AND THIRD-LEVEL COMPLEXITY HOSPITALS FROM COLOMBIA

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OBJECTIVES: To evaluate drugs prescribing indicators of outpatient medication in medium- and high-level complexity hospitals from Colombia **METHODS:** This was a cross-sectional study where medication prescription was evaluated in 331 second- and third-level complexity hospitals from 27 Colombian departments during 2006–2007 **RESULTS:** 38863 prescriptions for 3663 patients were analyzed; 54.7% of them patients affiliated to contributory health care system. Average prescribed medication per person was 2,2 (2,1–2,2 95 % CI), the percentage of antibiotics formulated by prescription was 29,2 % (28,7–29,6 95 % CI), essential prescribed medicines accounted for 64,2 % (63,7–64,6 95 % CI) and injectable medicines was 22,1 % (21,7–25,5 %). More than half the medications (62,1 %; 61,5–62,7 95 % CI) were in three ATC groups (anti-infectious agents, immunomodulating agents and medications for the alimentary and metabolic tract). DU90% consisted of 64 medications and the medication consumption was of 8, 39 daily defined doses (DDD)/1000 patients **CONCLUSIONS:** Respect to previous studies in Colombia the indicators remain with few change, except the percentage of antibiotics formulated by prescription that increased more than recommended by OMS (25%). This is the first report of DU90% and DDD in Colombian patients and these indicators must be continuously evaluated in future to follow the quality of prescription and drug consumption.

PHP92

HEALTH CARE PROFESSIONAL STUDENTS' KNOWLEDGE OF DRUG-DRUG INTERACTIONS: A PRETEST POSTTEST STUDY

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OBJECTIVES: To evaluate the knowledge change among medical, pharmacy, and nurse practitioner students after attending a drug-drug interaction (DDI) educational program. **METHODS:** Students were given a DDI knowledge assessment containing 15 drug pairs. They were asked to assess each drug pair and select the corresponding appropriate management strategy. Following the knowledge assessment, students attended a 45-minute training program during which all 15 drug pairs were addressed. The first outcome of interest was "Management Strategy," where students were given credit only if they selected the correct management strategy. Actions included "Avoid